

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/829004

FILING DATE

9/10/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	21					
TOTAL CLAIMS	22					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

CLAIMS ONLY							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
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TOTAL IND.	1	↓		↓		↓		
TOTAL DEP.	21	←		←		←		←
TOTAL CLAIMS	22							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS